Ontario
Ministry of
Community and
Social Services

John Sweeney
Minister

Understanding and Coping with Blood-Borne Infections Including AIDS

In facilities directly operated by the Ministry of Community and Social Services

Ontario

Ministry of
Community and
Social Services

Office of the
Minister

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This document has been developed to support the administration, staff and clients of Facilities directly operated by the Ministry of Community and Social Services in their efforts to understand and cope with the implications of blood-borne infections, including AIDS.

My Ministry recognizes the need to provide the most current information available to enable our staff and clients to avoid infection while continuing to be involved in their regular work and program activities. Toward this end, the document will be reviewed by the Ontario Government's Interministerial Committee on Aids on an annual basis for required revisions and endorsement.

I trust that each person reading this document will gain a fuller understanding of the realities of this type of infection.

John Sweeney
Minister of Community and Social Services

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PREFACE

This document **"UNDERSTANDING AND COPING WITH BLOOD-BORNE INFECTIONS INCLUDING AIDS IN FACILITIES DIRECTLY OPERATED BY THE MINISTRY OF COMMUNITY AND SOCIAL SERVICES"**, was developed by a Committee, with representation from the Ministries of Community & Social Services, Health, Labour, Government Services, and Ontario Public Service Employees Union.

AIDS and Hepatitis B are two examples of blood-borne infections.

Although there is little chance of transmission of AIDS within facilities, concern about AIDS, and other blood borne infections, does provide an opportunity for all health care facilities to examine and strengthen the infection control procedures that protect staff and clients against all infectious diseases.

This document is intended for use within facilities directly operated by the Ministry of Community & Social Services. In specific, it provides guidance and direction for the Administrator, all levels of staff, and the Joint Occupational Health and Safety Committee.

The recommended precautionary practices stated in this document were developed in recognition of the organizational structure within the Ministry's facility system.

While it is specifically focused on directly operated M.C.S.S. facilities, it would be applicable to:

- Transfer payment agencies and program supervisors.
- Community Residential Service Providers for developmentally handicapped, children and seniors.

The Committee recommends that the document be reviewed, revised as necessary and re-endorsed by the Interministerial Working Group, annually.

ENDORSED BY THE INTERMINISTERIAL WORKING GROUP ON AIDS JANUARY 22, 1988.

MINISTRY STATEMENT

The Ministry of Community and Social Services will continue to provide residential and treatment services at its directly operated facilities to clients who have or may develop blood borne diseases including AIDS and hepatitis B.

The Ministry will continue to ensure that staff of such facilities have the necessary support to enable them to discharge their duty to provide care and treatment to such clients without discrimination.

Employees who have AIDS or hepatitis B, or who are infected with such viruses have the right to work in an environment free from unlawful or unnecessary discrimination. The Ministry recognizes this right and will undertake to ensure, through education and other steps, that this right is respected by all in the workplace.

The Ministry recognizes its responsibility to ensure the health and safety of its employees under the **OCCUPATIONAL HEALTH AND SAFETY ACT** and the **COLLECTIVE AGREEMENT BETWEEN THE MANAGEMENT BOARD OF CABINET AND THE ONTARIO PUBLIC SERVICE EMPLOYEES UNION.**

This document sets out the practices and procedures by which the Ministry will meet the above obligations.

REFERENCE: **GUIDELINES FOR THE MANAGEMENT OF HEPATITIS B IN COMMUNITY GROUP HOMES AND EDUCATIONAL SETTINGS.**

OVERVIEW ON AIDS

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome.

Every person's body has a natural ability to fight disease. This is called the immune system. People with AIDS have developed weaknesses in this system which means that they cannot fight a number of rare infections and cancers. For example, they can get a skin cancer called Kaposi's sarcoma, or a lung infection called "Pneumocystis carinii" pneumonia. The virus can also affect the nervous system, causing changes in brain function and behaviour.

The term "AIDS" describes only the most serious form of an infection which is caused by a specific virus called the human immunodeficiency virus (HIV, formerly known as HTLV-III.)

The infection can take other forms: a carrier form, in which a person has no symptoms; or other forms, in which a person has mild to moderate symptoms which may either clear up, continue or get worse.

When certain infections strike a person with AIDS, the weakened immune system cannot cope. People with AIDS die of serious illnesses their bodies cannot fight.

What Causes AIDS?

AIDS is caused by a virus called HIV. If this virus gets into a person's blood, it infects, and may destroy, certain white blood cells called helper-T cells. These white blood cells are very important to the body because they help fight disease. Once the cells are weakened, the body's immune system cannot work properly.

What happens when a person is infected?

Many people may be exposed to the virus. Some get the virus in their bloodstream; of these some will develop symptoms and some will develop AIDS.

Researchers believe that, in addition to the virus, a number of as yet unknown factors may be necessary to trigger the disease.

What are the symptoms of HIV Infection?

Symptoms of HIV infection can include: swollen lymph glands in the neck, armpit or groin; persistent night sweats; severe tiredness; loss of weight for no apparent reason; diarrhea and in a few cases dementia.

These are not just the symptoms of HIV infection. They are usually caused by other, less serious illnesses. However, anyone who has several of these problems, that do not go away, should see a doctor.

AIDS is the final stage of HIV infection. It is diagnosed when a patient develops the rare infections or cancers already mentioned.

Not all people who are infected with HIV develop symptoms or go on to develop AIDS.

ARC (AIDS Related Complex) or PLS (Persistent Lymphadenopathy Syndrome) terms which were previously used to describe stages of HIV Infection are no longer used.

MODES OF TRANSMISSION

How is the AIDS virus Spread?

Once the AIDS virus is in the bloodstream, it enters the helper-T cells. Even though the virus may be present in one person's body fluids (such as blood, semen, or vaginal secretion), it has to get into another person's bloodstream in order to cause infection.

Infected individuals, even those without symptoms, may be able to pass on the virus to others and should take necessary precautions.

The AIDS virus is transmitted in three known ways:

1. through intimate sexual contact with an infected person;
2. through sharing contaminated needles or syringes;
3. from an infected mother to an infant in the womb or during breastfeeding.

Some cases of AIDS have been caused by transfusions of infected blood or blood products received before November 1, 1985, when the Canadian Red Cross began screening all blood donations. Because of the long incubation period for AIDS a few more cases of transfusion related AIDS may develop. Blood that contains the AIDS virus antibodies is not used for transfusions.

In Canada you cannot get AIDS from giving blood to the Red Cross or for medical examination, because needles used for medical purposes are always sterile.

Accidental occupational infection may occur through:

- needle-stick injuries;

- contamination of open sores by infected blood.

During sexual intercourse, for example, the AIDS virus in a man's semen may get into his partner's blood through tiny cuts or scratches in the vagina, anus or mouth.

Intravenous drug users may get AIDS through sharing needles, if infected blood from one user is passed into the bloodstream of another.

The virus multiplies in the T-Cells and can be found in blood, semen and vaginal secretions. The virus has been identified in saliva and tears and in other body fluids such as urine and feces.

Analysis of how AIDS patients have become infected indicates that the virus must be transmitted directly into the blood stream. In no instance to date has the disease been transmitted through contact with saliva or body fluids other than semen, blood or vaginal secretions.

Theoretically, however, there is a possibility of the AIDS viruses being transmitted in any form of body fluids to an open wound through direct contact with the bloodstream, or the mucous membranes. All body fluids especially blood should be treated as potentially infectious.

Is it easy to get AIDS?

No, it is not.

There is no evidence that AIDS can be transmitted through the air or through casual contact with persons with AIDS.

You cannot catch AIDS from:

- casual contact with individuals infected with HIV;
- contact with objects used by infected individuals;
- toilet seats;
- sharing food or kitchenware;
- swimming pools or whirlpools;
- water fountains;
- a hug or a handshake.

Extensive studies of families of AIDS patients have found not one case of the disease being spread through everyday contact. This is an important finding when one considers the amount of personal contact families have. They hug and kiss each other. They play, eat, bathe and sleep together. The share bathrooms, food, kitchenware and clothes.

Is the contact infected person safe?

If it's casual, non-sexual contact, it is safe. The virus from an infected person has to get into another person's bloodstream for the infection to spread.

Who has AIDS?

AIDS has mainly affected people in the following groups:

- homosexual or bisexual men;
- intravenous drug users who share needles;
- people who have had transfusions of blood or some blood products between 1978 and prior to November 1985.
- from an infected mother to an infant in the womb;
- sexual partners of high risk individuals.

AIDS is primarily a sexually-transmitted disease (STD) in North America.

Persons who are heterosexual (e.g., only have intercourse with someone of the opposite sex) and if the partners have been having sex only with each other for a long time, are not at risk.

People in high risk groups, however, should take precautions. Even if a person is not in a high risk group, but has a partner who has sex with more than one person, precautions against all STDs, including AIDS, should be taken.

What is the risk for workers and other clients in facilities for the developmentally handicapped?

As the AIDS virus is not spread through non-sexual, every day contact, there is little opportunity for infection in the workplace.

There is no evidence that being in the same work location, or using the same equipment as someone with AIDS - even for a long period of time - puts employees at risk of becoming infected with the AIDS virus.

EXCEPTIONS APPLY TO STAFF WHO MAY HAVE DIRECT CONTACT WITH BLOOD AND BODY FLUIDS. HERE THE RISK IS MINIMIZED BY ADHERING TO INFECTION CONTROL PROTOCOLS.

Under supervised residential conditions, clients are normally not at risk from other clients or infected staff.

However, both male and female clients may be at risk with HIV through sexual contact or sexual exploitation from another client.

The Ministry has the responsibility to take precautionary measures to ensure the health and safety of staff and clients in these high risk situations.

DIAGNOSING AIDS

How is AIDS diagnosed?

A good screening history is important: focus on all the symptoms associated with AIDS.

The physical examination should include a thorough general examination including the skin, mucous membranes, liver, spleen and lymph nodes. An anoscopic examination should be done. Sigmoidoscopic examination should be done if intestinal symptoms are present.

What kinds of tests can be done?

Three types of tests may help in diagnosing AIDS:

1. blood screening tests for the AIDS virus antibody;
2. tests of the immune system;
3. AIDS virus tests.

BLOOD SCREENING TESTS FOR THE AIDS VIRUS ANTIBODY:

When any virus gets into a person's blood, the body reacts by producing specific antibodies. Tests are available which can identify AIDS virus antibodies in the blood. An antibody test is not called "positive" until the test is repeated and confirmed by a second test.

If AIDS virus antibodies are found in a person's blood, it doesn't necessarily mean that the person has AIDS. [Usually antibodies protect a person from a disease, but this is not the case with the AIDS virus antibodies].

If antibodies are found, it means that, at some time in the past, the virus has entered the person's bloodstream. Some people have the AIDS virus in their bloodstreams for a number of years and never develop symptoms of AIDS. Others develop AIDS after the virus has been present in the blood for a few months. Still others take several years to develop AIDS.

A positive test that shows a client has AIDS virus antibodies in the blood;

- DOES NOT necessarily mean the person has AIDS or an AIDS related illness;
- DOES NOT necessarily mean that the person will go on to develop AIDS;
- DOES NOT mean that the person is protected against AIDS in the future.

A positive test that shows AIDS virus antibodies in the blood DOES mean:

- The person probably has the AIDS virus in the blood and other body fluids;
- The person must assume that he/she is able to pass the virus on to others through sexual contact, or through his/her blood;
- The person needs to take precautions. These precautions are outlined in the Ontario Ministry of Health's fact sheet, "Information About AIDS", and in the "Guidelines for persons who have developed antibody to HTLV-III".

TESTS OF IMMUNE FUNCTION:

Every person's body has a natural ability to fight disease. This is called the immune system. People with AIDS have many severe problems with their immune systems.

A doctor can order special studies of the white blood cells and other tests of the immune system in people with suspicious symptoms - if the doctor deems these tests necessary.

AIDS VIRUS TESTS:

Very specialized tests used in research can tell whether the AIDS virus is actually in a person's blood. These tests are not yet available for diagnosing AIDS. Researchers are currently working to develop simpler ways to test for the AIDS virus in the blood.

Diagnostic protocols are specified in the Ministry of Health Document "Understanding AIDS and HIV Infection - Information for Hospitals and Health Professionals".

Copies should be available as follows:

- Health Services Department
- Facility Physicians
- Occupational Health & Safety Committee members
- Infection Control Committee members
- Library

Who should be tested for HIV?

The Ministry of Health recommends testing for the following high risk groups:

- someone who is showing symptoms of AIDS or an AIDS-related illness (swollen lymph glands, persistent night sweats, diarrhea, rapid loss of weight

- any staff worker who has been potentially infected through blood splashes, needlestick injuries, contamination of open sores from infected blood should be tested for AIDS antibody and provided with appropriate follow-up procedures. These procedures should be available through the facility if requested. These employees are encouraged to participate in the Federal Government's Surveillance Programme for such occupational injuries;

- homosexual and bisexual men who are sexually active;

- intravenous drug abusers;

- people from areas where the disease is widespread;

- people who have received blood transfusions or blood products since 1978 and prior to November 1, 1985;

- sexual partners of anyone in a high risk group.

EXCEPT AS SPECIFIED IN THE NEXT SECTION, THE FACILITY HAS NO RESPONSIBILITY FOR ENSURING THAT SUCH PEOPLE WHO SHOULD BE TESTED ACTUALLY ARE TESTED.

Who should be tested in facilities?

The Provincial Advisory Committee on AIDS has rejected the need for mass screening of residents in any institution including facilities for the developmentally handicapped.

Testing for HIV will be required for some clients both on admission and during their stay in the facility.

The client's physician must make a clinical decision to test for AIDS. This decision must be based on:

- The Ministry of Health's recommendation as to who should be tested;

- The degree of potential exposure to the AIDS virus for each individual client.

Consent For HIV testing and the developmentally handicapped?

HIV testing should be done with the individual's permission and the assurance that he or she understands the reasons for testing; the implications of the results and the safeguards in place to ensure confidentiality.

Therefore, the client's consent must be sought prior to conducting HIV testing.

If the client refuses, or is incompetent to consent, the physician may refer the case to the Medical Officer of Health, who has the authority, vested under the Health Protection and Promotion Act, to make an order requiring the client to submit to an investigation where a communicable disease is suspected. The Medical Officer of Health can invoke these powers when there is a threat to public health.

NOTE: **ISSUES OF CONSENT ARE A MANDATE OF THE ADVISORY COMMITTEE ON SUBSTITUTE DECISION MAKING FOR MENTALLY INCAPABLE PERSONS. IT IS EXPECTED THIS REPORT WILL BE CIRCULATED IN EARLY 1988.**

CONSENT:
SCHEDULE 1
FACILITY CLIENTS

Avenues for obtaining consent from clients in facilities for the Developmentally Handicapped are:

- a competent and informed adult may consent on his/her own behalf;

- parents or lawful guardian may consent on behalf of child resident;

- a committee appointed under the Mental Incompetency Act may consent on behalf of the client for whom he/she is appointed committe;

- make an application under the Mental Incompetency Act to have a Committee appointed for an incompetent adult client;

- others should be referred on a case-by-case basis to Legal Services, by the Administrator, for consultation.

In order for a competent client or legal guardian to make an informed decision with respect to testing, the following information should be provided.

- The test identifies antibodies to HIV, not the presence of the virus itself.

- It usually takes between two and six months after exposure to the virus for the body to produce antibodies.

- Presence of the antibodies indicates that the person has been exposed to HIV and, in the majority of cases, is infected with the virus.

- The virus is carried mainly in blood and semen and, in small amounts, in certain other body fluids such as tears and saliva.

- A positive test result does not necessarily mean that the person will become ill or will develop AIDS.

- It should be assumed that those individuals with positive tests results are infectious. They should take certain precautions to prevent spreading HIV infection to others and to protect themselves from acquiring other infections.

- A negative test result may mean that the person has not been infected with HIV or that the person has been infected but has not yet produced antibodies. For individuals who may have been exposed to HIV, another test may be necessary in two to six months.

- Availability of counselling services.

Contact Tracing

Through the offices of the Medical Officer of Health, all persons who are HIV antibody positive will be interviewed to determine sexual contacts or other possible sources of infection.

This function is the responsibility of the Medical Officer of Health. Staff may be interviewed as to their knowledge of a client's sexual activity. All such discussions are confidential and Section 38 of the Health Protection and Promotion Act dealing with disclosure of information applies.

Health Protection and Promotion Act 1985

Section 38 states:

"(1) No person shall disclose to any other person the name of or any other information that will or is likely to identify a person in respect of whom an application, order, certificate or report is made in respect of a communicable disease, a reportable disease or a virulent disease.

(2) Subsection (1) does not apply,

(a) in respect of an application by a medical officer of health to a provincial offences court that is heard in public at the request of the person who is the subject of the application;

(b) where the disclosure is made with the consent of the person in respect of whom the application, order, certificate or report is made;

(c) where the disclosure is made for the purposes of public health administration;

(d) in connection with the administration of or a preceeding under this Act, the Health Disciplines Act, the Medical Care Act (Canada) or the Criminal Code (Canada), or regulations made therunder; or

(e) to prevent the reporting of information under section 49 of the Child Welfare Act in respect of the abuse or the suspected abuse of a child. "1983, c. 10, 38."

Both clients and employees right to confidentiality will be respected.

Involvement - Joint Health and Safety Committee

The Joint Health and Safety Committee should provide input on:

- education programs;

- guidelines for personal protection through participation on an infection control or similar program. Areas of input could include:

  - design educational programs and personal protection guidelines;
  - implementation of these programs;
  - monitor/evaluate these programs - e.g., are employees following the guidelines once they receive the education OR training?
  - act as a "clearing house" for all information that is to be circulated to employees;
  - encourage employees to bring forward concerns and media information to this committee for advice and direction.

The Committee's role in reviewing health and safety work practices includes:

- reviewing specific tasks within job classifications to develop a listing of activities that may put employees at risk of exposure to body fluids.

- using the results of review in proposing protective guidelines.

Committee access to information:

- Where designated substance regulations do not apply to the work place, Joint Health and Safety Committees do not have the right to any personal information on clients and/or employees without their informed consent.

- In balancing the right of staff to know about potentially hazardous exposures versus the right to confidentiality of anyone who is tested positive (both client and employee), the Joint Health and Safety Committee.

  DO NOT NEED TO KNOW:

  - the diagnosis of affected clients or employees;

  - identities of individuals with blood-borne infections.

  NEED TO KNOW:

  - that there is a proper program in place to educate staff about the hazards of blood-borne infections;

  - that these education programs are monitored and established through a joint effort with management;

  - the presence of blood-borne infections and all staff at risk need to be instructed to take appropriate precautions.

Testing as a pre-condition for admission to a community-based service.

The Provincial Advisory Committee on AIDS has rejected the need for mass screening of residents in any institution.

HIV antibody testing on admission or discharge to an institution for the mentally retarded or a group home should be at the discretion of a physician and based on the guidelines contained in the publication "Understanding AIDS and H.I.V. Infection - Information for Hospital and Health Professionals". Therefore, agencies requesting AIDS testing as a pre-condition for admission should be advised that this procedure can only be carried out if the client falls within the guidelines stated in the above publication, and with the client's consent.

MANAGEMENT OF CLIENTS WITH AIDS OR HIV INFECTION

Preventing Spread Of Infection

Identification, by whatever means, of person with AIDS or who is HIV antibody positive, will result in the infection being reported to the local Medical Officer of Health in accordance with the reporting duty imposed under the **HEALTH PROTECTION AND PROMOTION ACT, 1983.**

Once the information is brought to his or her attention, the Medical Officer of Health will consult with the Administrator and determine appropriate measures to be taken.

1. Where the client can intellectually understand his or her condition and is sufficiently responsible to take appropriate action to prevent the spread of the infection , generally speaking, isolation will not be necessary.

2. Where, however, restrictions on a client's mobility are necessary, then the Medical Officer of Health may make an order under S 22 of the Health Protection and Promotion Act, 1983. The restrictions imposed by the order will be the least intrusive available to protect the health of the client and others, but may include:

   - placing the client on one-to-one supervision;
   - restricting a client's access to certain parts of the facility;
   - isolating clients with dangerous conditions or behavioural problems (e.g., persons with open sores, biters);
   - limiting client's opportunity for sexual intercourse.

When to Isolate an HIV Infected Client

Isolation of a person with HIV infections in a single room [is not necessary unless:]

- on order by the client's physician because of underlying infectious disease;
- numerous skin lesions which may or may not be self inflicted;
- has poor personal hygiene, e.g., incontinent of bowel and bladder, drooling, regurgitation of food;
- difficult to manage, e.g., such maladaptive behaviour problems as biting, scratching, uncontrolled aggressive outbursts, etc.

Universal Personal Hygiene Practices for Clients

- Personal articles such as toothbrushes, razors and razor blades must not be shared with other clients. Used razor blades must be discarded in a puncture-resistant container for disposal.
- Bathrooms may be shared with others. Visibly soiled toilet facilities including sinks must be cleaned with commercial disinfectant solution.
- Any equipment including commode chairs, wheelchairs, etc., must be cleaned with disinfectant solution.
- A separate container, lined with a plastic bag, must be available in the client's living area for waste such as tissues and other disposable items.

- Sanitary napkins are to be discarded in a separate container lined with a plastic bag, and disposed by securing and placing the container in a plastic bag labelled "BIOHAZARD" and disposed of in an approved manner. When a client requires assistance with menstrual hygiene, staff must wear gloves.

Palliative Care

It is expected that ill clients will be treated in the facility's acute care area or transferred to an active treatment hospital.

PRECAUTIONS TO PREVENT TRANSMISSION

OF BLOOD-BORNE INFECTIONS

INCLUDING AIDS

UNIVERSAL PRECAUTIONS

Applicable to ALL Staff at ALL TIMES

The Center for Disease Control in Atlanta, Georgian, recommends that:

"universal blood and body fluid precautions be used in the care of all patient/clients, especially including those in emergency-care settings in which the risk of blood exposure is increased and the infection status of the person is unkown".

1. **DISINFECTANT SOLUTION**

   - Soap and water, or detergent will damage the outer covering of the virus which then disintegrates.

   - AIDS and Hepatitis B Virus are killed by 12% commercial bleach 1:10 solution = one part bleach to nine parts water, equivalent to 1.2%.

     For surfaces that cannot be treated with bleach solution, the Ministry of Health recommends that the following disinfectants which are effective for both AIDS and Hepatitis B:

     o 1% lysol
     o 70% isoprophyl alcohol
     o 5% phenol
     o 2% formalin
     o 2 % glutaraldehyde

NOTE: THE DISINFECTANT SOLUTION OF CHOICE IS 12% COMMERCIAL BLEACH 1:10 SOLUTION

- Preparation and Use of disinfectant solution:

  - Each facility must designate a single area responsible for the preparation of all disinfectant solution **DAILY** and distribution of same as required;

  - Container must be labelled with date, and prescribed direction for use.

  - Contaminated surface must be **WELL-MOISTENED** and left to dry for 30 minutes. Applicable to all disinfectants used.

  - A **DATA SHEET** must be developed for each solution used.

2. **PERSONAL HYGIENE PRACTICES FOR ALL STAFF**

These simple precautions **WILL** protect against blood-borne infections, including Hepatitis B and AIDS.

- Thorough routine hand washing.

- Cover any cuts or sores.

- If gloves are used, hands must be washed immediately after use.

- Take precautions to prevent injuries caused by needles or other sharp articles.

- Use C.P.R. mask if available.

- Clean areas contaminated with blood/body fluid with disinfectant solution [12% commercial bleach 1:10 solution] according to prescribed directions.

3. **WHEN TO USE GLOVES, GOWNS, MASKS AND GOGGLES**

- **GLOVES**
  Gloves must be worn when having direct contact with blood/body fluids or articles contaminated with blood/body fluids.

NOTE: **WEARING DISPOSABLE GLOVES DOES NOT ELIMINATE THE NEED FOR THOROUGH HANDWASHING. SOAP AND WATER SHOULD BE USED BEFORE AND AFTER PATIENT CONTACT AS WELL AS CONTACT WITH PATIENT-CARE ARTICLES CONTAMINATED WITH BLOOD AND BODY FLUIDS.**

- **GOWNS**
  When there is a risk of being splashed with blood or body fluids, gowns must be worn.

- **MASKS**
  Masks are not necessary for normal client contact.

- **GOGGLES**
  Goggles are not necessary for normal client contact.

NOTE: **IF THE CLIENT IS BEING TREATED OR IS UNDERGOING INSTRUMENTATION IN SUCH A WAY THAT BLOOD OR BLOOD CONTAMINATED BODY FLUIDS MAY SPLATTER, GOWN, MASKS AND GOGGLES MUST BE WORN.**

SPECIFIC PRECAUTIONS

Precautions - First Aid and CPR

To protect against **ANY** infection, first aiders should follow strict infection control practices when providing emergency care.

They must:

- wash hands thoroughly;
- cover any cuts or sores on their hands;
- wear latex disposable gloves if contact with blood or body fluid is likely;
- clean equipment according to recommended procedures - use disinfectant solution [12% commercial bleach 1:10 solution] where applicable.

Although very small quantities of the AIDS virus have been found in saliva, there have been no known cases of AIDS virus infection transmitted through saliva. Emergency workers who regularly give mouth-to-mouth resuscitation or CPR to residents should protect themselves from a variety of diseases by using a specially designed CPR mask if available. However, the risk of infection is so slight that no one should hesitate to give emergency mouth-to-mouth resuscitation without a mouthpiece.

Gloves and CPR masks should be available in all First Aid Boxes.

NOTE: CPR MASKS SHOULD ONLY BE USED BY PERSONS WHO HAVE BEEN TRAINED TO USE MASK IN PERFORMING CPR.

Precautions for Direct Care Staff

Includes Developmental Services Workers, Residential Counsellors, Occupational Instructors, O.T.A.'s, Recreational Instructors, etc.

In providing care in a home-like environment, for a person with a blood-borne infection, staff must take the following precautions:

- Wash their hands with soap and water before and after contact with the person or with anything contaminated with blood or body fluids.

- Wear gloves, gowns, masks and goggles in accordance with universal precautions previously specified.

- Clean any blood or body fluid spills with disinfectant solution. [12% commercial bleach 1:10 solution]

- Make sure that eating utensils and cups used by the person are not used by others until after they've been washed.

- Don't allow razors or toothbrushes to be shared.

- If clients wash their own clothes, they must be washed with household detergent and hot water (56 degree C). Add household bleach if fabrics can tolerate it.

- Linen and other clothing must be handled as little as possible and in accordance with individual facility contaminated linen policy.

- With respect to AIDS - unless direct care staff are handling the blood and body fluids of the person with HIV Infection, there is little risk of exposure to the virus. Extensive studies of families of persons with HIV Infection have found that there has not been a case of HIV Infection being spread through everyday contact.

Precautions for Medical/Treatment/ Health Services Workers

Includes any person who, through normally assigned duties, may have contact with blood or body fluids. For example, physicians, dentists, dental assistants, registered nurses, registered nurse assistants, medical assistants, etc.

Blood and body fluid precautions should be taken for all patients.
Due to the higher incident of tuberculosis in persons with AIDS, respiratory precautions must be taken if the patient is coughing until a diagnosis is made.

Enteric precautions should be taken if the AIDS patient has gastrointestinal infection or diarrhea.

Precautions for Nursing Care Staff

The following protocol is for the protection of both patient and nursing staff.

These practices are recommended for any client with a blood-borne infection admitted to the active treatment unit in the facility.

- Single room - is not necessary, but may be preferable in certain circumstances (e.g., the patient is too ill to maintain good hygiene practices, etc.)
- Hands - must be washed before and after direct contact with the patient or with items in contact with the patient's blood or blood contaminated body secretions.
- Gloves, gowns, masks and goggles must be worn in accordance with universal precautions.
- Equipment and supplies that have been in contact with blood and blood contaminated body secretions must be placed in plastic isolation bags and disinfected and/or sterilized according to facility procedure prior to disposal.

- Blood pressure apparatus requires no precautions unless contaminated with blood or blood contaminated body secretions. If contaminated, clean with disinfectant solution. [12% commercial bleach 1:10 solution]

- Needles and syringes must be disposable. DO NOT RECAP NEEDLES AFTER USE. Used needles and syringes must be discarded in a container that is puncture-resistant and labelled "BIOHAZARD". These containers must be autoclaved before discarding, or placed in a disinfecting solution [12% commercial bleach 1:10 solution] for thirty minutes prior to discarding.

- Thermometer and its container must remain at the bedside. Before and after each use, it must be washed with soap and water, rinsed and wiped dry.

- Special equipment - disposable gloves must be worn when handling contaminated equipment. Rinse equipment, place in a plastic isolation bag and disinfected and/or sterilized. Equipment tht cannot be sterilized must be cleaned with disinfectant solution. [12% commercial bleach 1:10 solution]

- Linen and pillows must be bagged and labelled "Isolated", and handled per facility isolation procedures.

- Clothing and personal effects require no precautions unless there is visible contamination with blood or blood contaminated body secretions. In cases of contamination, clothing must be treated as linen; personal effects must be wiped clean with disinfectant solution. [12% commercial bleach 1:10 solution]. Laundering and dry cleaning will kill the virus.

- The patient's chart requires no precautions.

- Urine and feces must be flushed down the toilet. A urinal and/or bedpan must be used by only one patient until decontaminated and sterilized. Autoclaving is the most reliable method of decontamination.

- Dressing and tissues must be placed in a plastic bag and closed securely before discarding into the garbage.

- Garbage that has been contaminated with blood and body secretions must be double bagged and labelled "BIOHAZARD" and disposed of in an approved manner.

- When collecting laboratory specimens:

  - Blood specimens or blood contaminated specimens should be placed in appropriate containers with lids securely closed. Care must be taken to avoid contamination of the outside of the container. If the outside of the containers or the stoppers of vacuum tubes are contaminated, they should be wiped with disinfectant solution. [12% commercial bleach 1:10 solution]. The container should be labelled with the patient's name.

  - Each specimen container and requisition must be labelled "BLOOD AND BODY FLUID PRECAUTIONS". Do not disclose the diagnosis.

  - Each specimen must be placed in a separate plastic bag and the bag closed.

  - Requisition must be attached to the outside of the plastic bag.

  - Any blood spills must be wiped up with disinfectant solution. [12% commercial bleach 1:10 solution]

- If laboratory specimens are being transportated, they must be placed in a leak-proof bag or container, surrounded by absorbent padding and placed in a durable (e.g., metal) sealed outer container. For the information of those transporting and handling the specimen, the container should be clearly labelled with the appropriate biohazard symbols requiring blood and body fluid precautions.

Precautions for Physicians and Dentists

Specific precautions for AIDS or HIV infections are set out in the following references:

(i) Recommendations for Prevention of HIV Transmission in Health Care Settings, November 1987;

(ii) Understanding AIDS and HIV Infection. Ontario Ministry of Health Publication.

Precautions for Employee Health Nurses

A person with AIDS or HIV infection should inform anyone who provides health/emergency care in situations where contact with blood or other body fluids may occur, in order that adequate precautions may be taken. This is not mandatory.

Therefore, the Employee Health Nurse for all clients must:

- Follow the universal precautions.
- Wear gloves when drawing blood and providing first aid.
- Follow procedures applicable to disposing of sharp objects. **[Do not recap needles]**
- Report any needle stick injuries.

Precautions for Laundry Service Workers

Procedures in effect for laundering contaminated linen/clothing are appropriate for the prevention of transmission of blood-borne infections if they include:

- use of hot water soluable bags for linen contaminated with blood and body fluids;
- all such contaminated linen should be double-bagged and appropriately labelled;
- laundry workers should wear gloves if directly required to handle contaminated linen;
- report any cuts to Facility Employee Health Services.

NOTE: THE FACILITY IS RESPONSIBLE TO ENSURE THAT EXTERNAL LAUNDRY SERVICES HAVE A CONTAMINATED LINEN PROCEDURE.

Precautions for Sewage Workers/ Plumbers and Maintenance Staff

The employee who may in the course of their duties come in contact with sewage should:

- wear heavy-duty rubber gloves;
- wear protective clothing appropriate to the tasks;
- wear goggles and masks if there is a chance of sewage spraying into the air;
- change out of contaminated protective clothing as soon as the job is finished.
- avoid cuts, scratches - report same if they occur;
- gloves, clothing and contaminated tools should be cleaned with soap/detergent and water;
- ensure shower facilities are made available on site for use by the employees.

Precautions for Housekeeping Services

Normally, environmental surfaces such as walls, floors and other surfaces do not require extraordinary cleaning measures beyond daily routine cleaning and removal of soil.

For areas that have been contaminated with blood and body secretions, the following protocol must be used:

- clean affected areas with disinfectant solution. [12% commercial bleach 1:10 solution]
- wear latex gloves;
- mop heads to be laundered with detergent and hot water;

NOTE: DISINFECTANT FOGGING SHOULD NOT BE USED. IT IS NOT AN EFFECTIVE METHOD OF DECONTAMINATING SURFACES.

NOTE: EYE PROTECTION CONSISTENT WITH THE OCCUPATIONAL HEALTH AND SAFETY ACT REGULATIONS IS REQUIRED.

Precautions for Transportation Services

When transporting potentially infectious material;

- Disposable items should be bagged and labelled as "infectious Biohazard waste" for autoclaving and/or disposal.
- Contaminated linen should be bagged and labelled accordingly.
- Laboratory specimens should be labelled with appropriate biohazard symbols. Specimens should be placed in a waterproof bag or container for transportation.

NOTE: IF THE OUTSIDE OF THE CONTAINER IS CONTAMINATED WITH BLOOD OR BODY SECRETIONS, IT SHOULD BE CLEANED WITH DISINFECTANT SOLUTION.
[12% COMMERCIAL 1:10 SOLUTION]

- Laboratory specimens should be placed in a leak-proof bag or container, surrounded by absorbent padding and placed in a durable (e.g., metal) sealed outer container. For the information of those transporting and handling the specimen, the container should be clearly labelled with appropriate biohazard symbols requiring blood and fluid precautions.

Precautions for Food Services Personnel	No specific precautions are generally necessary Use of an automatic dishwasher with the appropriate chlorine, detergent, and hot water (185 degrees) is adequate for cleaning dishes.
Precautions for Seamstress	Use universal precautions.
Precautions for Non-health professional staff, office staff and others?	Use universal precautions.
Precautions for Private Contractors	Should be briefed as the need arises using the protocol applicable to the specific contract.

OCCUPATIONAL INJURIES

What to do if accidential exposure occurs

What should I do if I puncture myself or have direct contact with blood or other body fluids from someone who has AIDS or HIV infection?

- Press cuts and punctures of the skin to make them bleed, then wash with soap and water, and follow the hepatitis B prevention protocol.
- If blood gets on the skin but there is no cut or puncture, wash with soap and water.
- If the eyes are contaminated, rinse while open with tap water or saline.
- If blood gets in the mouth, spit it out and rinse mouth several times with water and spitting out after each rinsing.
- Report to Employee Health Services, all cuts, skin punctures and injuries which may be contaminated with blood and complete the appropriate facility accident/injury form. It is also recommended that a W.C.B. form be completed and retained at the Facility.

NOTE: IT IS A GOOD PRACTICE TO REPORT ALL NEEDLESTICK INJURIES.

The federal government, through the Laboratory Centre for Disease Control, has a surveillance program for health care workers exposed to HIV. The purpose of the program is to determine the risk to health care workers of exposure to HIV infection. Personnel who are exposed (by needlestick, contamination of an open wound, splash in the eye or by injestion) and who are willing to submit blood for serology testing must register in the surveillance program within one month of their exposure. The worker will be followed for a minimum of twelve months.

Exposure Report Forms are available from:

Disease Control and Epidemiology Service,
Public Health Branch,
Ontario Ministry of Health,
5th. Floor, 15 Overlea Blvd.,
Toronto, Ontario.
M4H 1A9
Telephone (416) 963-2238

OR

Laboratory Centre for Disease Control,
Infection Control Division,
Bureau of Infection Control,
Ottawa, Ontario.
K1A 0L2

The following excerpt from November, 1987, Vol. 1353, Canada's Disease Weekly Report, details the recommended follow-up protocol for accidental exposures:

"The health-care worker should be counselled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure. The health-care worker should be advised to report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks after exposure. Such an illness - particularly one characterized by fever, rash, or lymphadenopathy may be indicative of recent HIV infection. Seronegative health-care workers should be retested 6 weeks, post-exposure and on a periodic basis thereafter (e.g., 12 weeks and 6 months after exposure) to determine whether transmission has occurred."

ADMINISTRATIVE RESPONSIBILITY

Role of the Medical Officer of Health

AIDS is a reportable communicable disease to the Medical Officer of Health for the area. The Administrator or the physician is responsible for reporting the disease to the local Medical Officer of Health.

The Medical Officer of Health will advise, and where applicable, direct action necessary for the prevention of the spread of disease and the promotion and protection of the health of clients, staff and visitors.

Ministry Reporting Relationships

All communication external to the facility, e.g., notification of the Regional Director, completion of Contentious Issue Reports, should contain no information that will, or is likely to, identify a person who has the infection.

Responding to Press Inquiries

Press enquiries should be directed to the Administrator and/or a designated credible person knowledgeable in the field who can represent the facility.

Availability of client/family support

Community support is available - Anyone affected by AIDS. can contact the local community-based AIDS organization in their area. These organizations provide counselling, support, advocacy, as well as other direct assistance.

REFERENCE: APPENDIX I

Responsibility for AIDS Education

- **STAFF**

The facility has a direct responsibility to ensure staff, volunteers and students and others, as required, have:

- accurate information about blood-borne diseases such as Hepatitis B and AIDS, and
- are knowledgeable about methods of prevention and self protection from such diseases.

Facilities should have established protocols for blood-borne diseases applicable to their organizational structure, and provide systematic training.

- **CLIENTS**

Facilities have a duty and responsibility to prepare clients for life in the community. This includes providing clients with information which enables them to live safely. Since the develomentally handicapped have the same needs for sexual expression as the "normal" population regarding AIDS. They can be vulnerable. They are frequently victims of sexual advances and their judgement may be faulty in their selection of sexual partners and/or practices.

The information must be presented in a form which is understandable to our clients due to their intellectual impairment. This may mean the provision of very specific information regarding the transmission of AIDS and instructions on the use of condoms. This information must be provided to both male and female clients who are at risk - e.g., homosexuals, individuals who have had multiple sexual contacts, etc.

Due to their intellectual impairment and meager financial resources, we expect that clients may not purchase condoms as they may be seen as a low priority item, despite our best educational efforts. We should be prepared, therefore, to provide every support and assistance, including condoms, to those high risk individuals.

What should staff do if they are concerned that a client has an HIV Infection.

Any staff person who believes a client is high risk should make this view known to the attending physician. Using clinical judgement, the physician will make a decision as to whether testing should be recommended.

APPENDIX I

INFORMATION AND RESOURCES AVAILABLE ABOUT AIDS

Ontario Public Education Panel on AIDS (OPEPA)

Public Health Branch,
5th. Floor, 15 Overlea Blvd.,
Toronto, Ontario. M4H 1A9
(416) 965-2168
1-800-268-6066 (toll free)

Fact Sheets

Fact sheets prepared by OPEPA for public education are available through the Health Information Centre, Ministry of Health.

Audio-Visual Materials

1. AIDS: The Facts, The Future

A 23-minute program, narrated by David Suzuki, provides a general introduction to the subject of AIDS and describes how the AIDS virus is transmitted and how the spread of AIDS can be prevented. Suitable for use with the general public, in schools and with employer/employee groups. Available in slide/tape and BETA and VHS video formats in English; slides and script available in French.

2. AIDS: a family experience

The story of the impact that AIDS has had on one man, Don and his family. This 35-minute program provides a guide to palliative care for persons with AIDS. Designed for use with health professionals and with families of persons with AIDS. Available in BETA and VHS video formats in English. Co-funded by the Ontario Public Education Panel on AIDS and Federal Centre for AIDS, Health and Welfare of Canada.

3. The Immune System and AIDS

Using computer animation, this 10-minute program illustrates how a normal immune system works and how the AIDS virus disrupts that normal functioning. Suitable for use with the general public, for certain health professionals and in schools. Co-funded by the Ontario Public Education Panel on Aids and the Federal Center for AIDS, Health and Welfare Canada. Also available in French: "Le systeme immunavtaire et le SIDA".

These programs are available for loan, free of charge from the Ontario Public Education Panel on AIDS (OPEPA) or from your local public health unit. The OPEPA office can also provide information on audio-visual materials in use in other jurisdictions.

AIDS INFORMATION/SPEAKERS REFERRAL SERVICE

OPEPA maintains a list of over 200 people from a variety of disciplines capable of speaking to groups about AIDS, and will arrange for a speaker in any part of the province. The office will also provide general information and answer questions about AIDS or refer callers to the appropriate organization in the province: (416) 965-2168; [Toll free] 1-800-268-6066.

The Health Information Centre

The Ministry of Health,
9th. Floor, Hepburn Block, Queen's Park,
Toronto, Ontario. M7A 1S2
(416) 965-3101; [Toll free] 1-800-268-1153.

1. FACT SHEETS;

- Information About AIDS
- Information for Parents and Teachers
- Detecting AIDS
- Women and AIDS
- Aids and Health Care Workers [English and French only]
- Let's Talk [Brochure]

Prepared by the Ontario Public Education Panel on AIDS. Available in English, French, Italian, Portuguese, Greek, Chinese, Vietnamese and Spanish.

2. AIDS and HIV Infection: Psycho-Social Issues: Information for Health Professionals

Prepared by the Ontario Public Education Panel on AIDS. Available in English and French.

3. Information for Physicians on the HIV Antibody Test.

Prepared by the Provincial Advisory Committee on AIDS. Available in English and French.

4. Guidelines for Persons who have Developed Antibody To HIV.

Prepared by the Provincial Advisory Committee on AIDS. Available in English and French.

5. Ontario Disease Surveillance Report

Current surveillance information on infectious and other diseases occurring in Ontario, including frequent reports on AIDS and occasional specific information for health care workers.

6. Understanding AIDS and HIV Infection: Information for Hospitals and Health Professionals.

Prepared by the Provincial Advisory Committee on AIDS. Available in English and French.

Federal Centre for AIDS

Bonaventure Building
301 Elgin Street,
2nd Floor,
Ottawa, Ontario.
K1A 0L3
(613) 957-1772

1. AIDS in Canada

Brochure providing general factual information on AIDS. Available in English and French.

2. Canada Diseases Weekly Report

Current surveillance information on infectious and other diseases, including frequent reports on AIDS and occasional specific information for health care workers.

3. Prospective Surveillance of Health Care Workers Exposed to AIDS/ARC

The Laboratory Centre for Disease Control Surveillance program for health care workers.

Community Based AIDS Organizations

The following AIDS organizations provide support, counselling and information on AIDS.

AIDS Committee of Toronto,
Box 55,
Station F,
Toronto, Ontario.
M4Y 2L4
(416) 926-0063

Toronto P.W.A. Foundation,
464 Yonge Street,
Suite 201-B
Toronto, Ontario.
M4Y 1W9
(416) 925-7112

AIDS Committee of Cambridge, Kitchener, Waterloo and Area, (ACCKWA)
Box 1925,
Kitchener, Ontario.
N2G 4R4

Hamilton AIDS Newtork for Dialogue and Support, (HANDS)
42 James Street North,
Suite #416,
Hamilton, Ontario.
L8L 2K2
(416) 528-0854

Kingston AIDS Project,
Box 2154,
Kingston, Ontario.
K7L 5J9
(613) 545-3698

AIDS Committee of London,
D219 - 370 South Street,
London, Ontario.
N6A 4G5
(519) 434-1601

AIDS Committee of Ottawa,
Box 3390,
Station D,
Ottawa, Ontario.
K1P 6H8
(613) 234-3687

AIDS Committee of Thunder Bay,
(ACT-B)
Box 3586,
Thunder Bay, Ontario.
P7B 6E2
(807) 345-1516

AIDS Committee of Windsor,
Box 7002,
Windsor, Ontario.
N9C 3Y6
(510) 973-0222